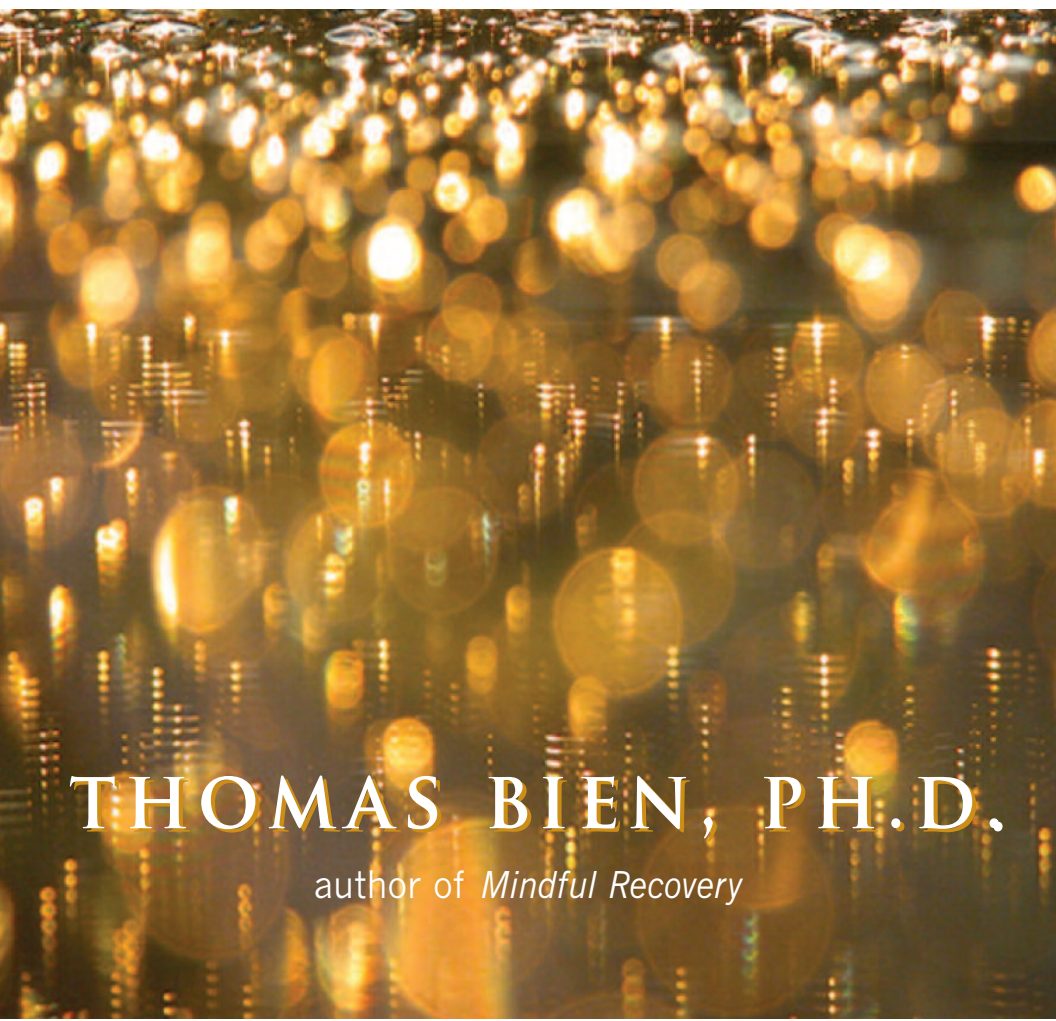


"*Mindful Therapy* is a gem of a book."

Jeremy D. Safran, Ph.D., editor of *Psychoanalysis and Buddhism*

MINDFUL THERAPY

A Guide for Therapists and Helping Professionals



THOMAS BIEN, PH.D.

author of *Mindful Recovery*

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MINDFUL THERAPY

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—*Wildmind Newsletter*

MINDFUL THERAPY

*A Guide for Therapists and
Helping Professionals*



Thomas Bien, Ph.D.



WISDOM PUBLICATIONS • BOSTON

Wisdom Publications, Inc.
199 Elm Street
Somerville MA 02144 USA
www.wisdompubs.org

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Library of Congress Cataloging-in-Publication Data
Bien, Thomas.

Mindful therapy : a guide for therapists and helping professionals /
Thomas Bien.— 1st ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-86171-292-7 (pbk. : alk. paper)

1. Psychotherapy—Religious aspects—Buddhism. 2. Healing
—Religious aspects—Buddhism. 3. Buddhism—Psychology. I. Title.

BQ4570.P76B54 2006

294.3'36616891—dc22

2005036443

ISBN 0-86171-292-7

eBook ISBN 978-0-86171-715-6

First edition

10 09 08 07

5 4 3 2

Cover design by Katya Popovich.

Interior by Dede Cummings.

Cover photo by Gregory Palmer/kinworks.net

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Printed in the United States of America.



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*Buddha was not a philosopher trying to explain the universe.
He was a spiritual guide who wanted to help us put
an end to our suffering.*

THICH NHAT HANH



To Beverly

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PREFACE

WHILE THIS BOOK seeks to outline an overall approach to therapy, it cannot of course be a complete text in this regard. It cannot tell you everything you need to know about therapy. And if I cannot claim this is a complete manual for doing psychotherapy, I also cannot claim the ideas herein are in any sense definitive, or that they amount to more than one therapist's view of how Buddhist ideas can be worked with in clinical practice. And while both new therapists and experienced therapists might read this book profitably, its purpose is as much inspirational as technical.

Although *Mindful Therapy* focuses on psychotherapy, other professionals who want to learn to listen more deeply to the people they work with will also find content of interest here, including physicians, attorneys, teachers, and so on.

A word about words:

Therapy and psychotherapy. I use these terms in the broadest sense, not differentiating these from counseling, pastoral counseling, analysis, and so on.

Patient or client. Both of these terms present problems. Both have their limitations. On the one hand, *client* always sounded to me like someone that we are trying to sell to. A client is someone the insurance agent, the stockbroker, or the banker deals with. It doesn't strike quite the right note. On the other hand, *patient* seems to emphasize the dominance and superiority of the therapist too much. Patient implies a far too passive role for what the person in therapy or counseling must do. In everyday life, I use these terms interchangeably. But for consistency's sake, I have used patient throughout the book for several reasons.

First, using the word *patient* is to my mind in keeping with the Buddhist principle of acknowledging the truth. In this era of political correctness, there is a tendency to use terms for things which disguise what they actually are. The word *patient* seems in some ways more honest, since it denotes an important part of the reality of the therapeutic relationship: patients come to us because they are suffering, and because they hope we can help.

When we use the word *client*, we may do so with the admirable goal of reminding ourselves that all beings are equal, that none should hide behind an assumed professional superiority. In practice, however, I think this term does little to help with this. The end result of avoiding the use of the word *patient* may actually be to devalue the role of the therapist rather than to elevate the person on the other side. And these days, I think therapists could use some help in remembering to value what they do, and in teaching the world to do so.

Whichever term is used, however, the practitioner of mindful therapy is hardly someone that will dominate, manipulate, or control the people she works with. Calling someone a patient will not present any difficulty in the atmosphere of mindful therapy, which by its nature communicates a deep respect. Like the bodhisattva named Never Disparaging, we should remember that everyone is a future buddha.

He and she. I have alternated use of masculine and feminine forms of the third person singular pronouns in an approximately equal fashion to indicate a person in general. As with the use of *patient* and *client*, there are other options worth considering. But overall, I find this the least awkward way to avoid gender-biased language.

Finally, I wish to address the issue of the identities of patients discussed herein. Case histories in this book are generally based on composites of multiple individuals to crystallize important points that might take much longer to explicate through presentation of single cases. They are all based on reality, however, and are not purely fictional.

Even when a case history is based primarily on a single person, identifying information is altered to disguise the identity of patients. In other words, if it sounds just like you, it isn't.

So many beings go into the making of a book that an acknowledgment can easily sound like one of those endless Oscar acceptance speeches. But let me thank all whose love, support, and friendship provide the needed encouragement to write a book. Especially important in this regard are my wife Beverly, my son Joshua, and my dear friends Joe Borroughs and Steve Barrilleaux. I would like to thank my many spiritual teachers and psychological teachers, among the former, Thich Nhat Hanh, Rollo Michael, and Jim Harris, not to mention Siddhartha Gautama and Jesus of Nazareth; among the latter, Bill Miller and Chuck Elliott. Bob Weber has provided helpful guidance and feedback along the way. Scott Love, as always, deserves many thanks for keeping my computer running. I often wonder what I would do without him.

At Wisdom Publications, I would like to thank my editor Josh Bartok for seeing the value of this project and helping to bring it into being. His insight has helped this be the best book it could be. I am also grateful to production editor Tony Lulek and promotions and marketing coordinator Rod Meade Sperry.

Last but by no means least I want to thank the many patients I have worked with over the years. Some of these have been difficult teachers—the kind of Zen master who beats you with a stick when you get it wrong, or even, in some cases, when you get it right! Many more have appreciated my efforts to offer presence, support, and guidance. Every single one of them has been my teacher.

Thomas Bien, Ph.D.

April 2, 2005

Albuquerque, New Mexico

INTRODUCTION

AS PSYCHOTHERAPISTS, we know that how much our patients suffer often has more to do with the conceptual lenses through which they view their experience than with what they actually experience. Buddhist understanding takes this insight further, teaching us that when we free ourselves entirely from our concepts, we can experience reality in a new and wondrous way. That way is called nirvana, the direct perception of wondrous becoming.

Consider some simple, everyday examples. We tend to classify tasks as either things that we have to do or things that we want to do. Going to work, doing chores and running errands, cooking and cleaning, taking out the trash, mowing the lawn—these often fall into the category of things we have to do, while enjoying a meal, going to the movies, watching television or doing pleasure reading, drinking our coffee or tea—these are often seen as things we want to do. Frequently the list of things we have to do dominates us. It dominates us so much, that we may not notice that many of the things we have to do contain enjoyable elements. It

dominates us in the sense that we often do not even question whether these tasks are really necessary. And it dominates us so much that we may rush through even the things we want to do without really experiencing them.

We may also classify all the moments in our lives as either time for ourselves or time for others. As psychotherapists, the time for our patients is their time, not ours. But that does not mean we feel the rest of our time is ours. The time spent with a spouse, a child, a family member, or a friend, when involving activities that are more their choice than our own, may also be seen as their time. Maybe at the end of the day we finally get to the time that is “our” time, but by then we may be too exhausted to do much.

One solution to this problem is mindfulness. Described by the Buddha over 2,500 years ago, mindfulness is a way of learning to see life as a unified whole. When we live mindfully, life is no longer divided between what we have to do and what we want to do. Life is no longer divided between “our” time and time for others. All of life becomes our time. All of life becomes an opportunity to be alive and aware. When we live mindfully, we learn to be happy and content, whether interacting with our patients, filling in an appointment time in our calendar, enjoying time with someone we love, or relaxing with a cup of coffee.

Mindfulness is a way of facing the truth. And one of the truths we must face as psychotherapists is this: *psychotherapy is difficult work*. It may not seem that way to our patients or lay peers. From the outside, it may seem as though we just sit and listen, and occasionally offer reflections, suggestions, interpretations, or advice. And yet to sit and listen that way is one of the most difficult things one can do.

Like many of our patients, we therapists may also be searching. Perhaps we are searching for a way to envision our work as a work of healing, beyond the technical proficiencies, beyond the theories we have learned. We may search for a way to be more fully *present*

with our patients, one that can help us in helping them. Or perhaps we search for a way to defragment our work life and reunify it with the rest of our time. Others of us are looking for a way to approach therapy as a spiritual task while still following professional standards and without triggering fear in our patients that we are trying to convert them to our form of spirituality.

Mindful Therapy is designed to help with these concerns. Mindful therapy emphasizes that whatever else we have to offer, the most important thing we offer is our true presence and our deep listening. Yet since we are not ourselves enlightened, since we are torn and fragmented by the same suffering and by the same powerful cultural forces and conditioning that bedevil our patients, doing this is not so easy. To offer true presence and deep listening, we need ways to approach our work and our life that are free of clutter and distraction. We need ways to become more clear and centered. If we are not clear and centered, how will we offer these qualities to those who seek our help? For this reason, this book is as much about how therapists and counselors can take better care of themselves through mindful living as it is about how we can use mindfulness clinically.

Mindfulness offers us an approach to living and an approach to therapy that can help us deepen our presence and our listening. While rooted in Buddhism, mindfulness does not require us to “be a Buddhist,” or to share specifically Buddhist insights with our patients. Depending on our patients’ needs and our own style, we can do more or less of that. Since Buddhism teaches us to hold our opinions lightly—even our Buddhist ones—we can offer mindfulness simply and directly. We can offer mindfulness without religious or metaphysical assumptions, allowing us to talk comfortably with people of different religions or of no religion at all.

Mindfulness is also something we can offer ourselves. Since mindfulness is ultimately the art of living deeply and happily, this

is not a burdensome task. One of the assertions of this book is that to practice therapy mindfully, we need to do our best to live mindfully in the rest of our lives. Mindfulness helps us integrate our professional and personal life, our time “for others” and “our own” time. By using mindfulness practice to care for ourselves in our non-work life, we can offer greater mindfulness in our work—and this in turn will help us to live with greater joy and with ease of well-being. Mindfulness helps us in both the private and professional areas of our lives by eliminating any rigid distinction between the two, helping us to be more at home wherever we are. It helps us both to find healing for ourselves, and to offer healing to our patients.

WHAT THIS BOOK OFFERS

Mindful Therapy consists of three parts. Part one, “Revisioning the Role of the Psychotherapist,” puts the task of the therapist in the context of its ancient lineage of healing. The first chapter offers the perspective that, in a world of increasing alienation, fragmentation, and disconnection, we need therapists who are true healers rather than mere technicians. To become true healers, we therapists might consider trying to see ourselves in the context of the ancient roles of shaman, guru, and healer. While we may not be able to adopt these models wholesale into our twenty-first-century role, we can nonetheless find inspiration in them that goes beyond our technical training. This inspiration also helps to inoculate the therapist against the difficulties of the work.

The second chapter introduces the importance of the therapist’s self-care, or care of the self. Without care of self, care of others becomes ultimately impossible. A *gatha* (a kind of brief versified Buddhist teaching) from Zen master Thich Nhat Hanh is used to structure an approach to greater solidity, stability, and freedom.

Part two, “Buddha as Therapist,” shows how the teachings of the Buddha in general, and of mindfulness in particular, provide the therapist with a framework for understanding the therapeutic task. Chapter three discusses the practice of mindfulness in various terms: as radical acceptance, daily life meditation, surrender, reverence, acknowledging the truth of experience, and dwelling happily in the present moment. It shows how these qualities are important to the therapist. What is more, it also addresses how to share these qualities with patients and how to assess when and how it is appropriate to do so. Chapter four uses the basic Buddhist teaching of the “four noble truths” to open a perspective on suffering and its alleviation in the context of therapy. From the four noble truths we can derive a kind of practical, four-step, self-help exercise that can be surprisingly powerful. Chapter five examines the teaching of the “three poisons” of greed, hatred, and delusion, and their antidotes (love, compassion, and wisdom), and how these shed light on human suffering and the release from suffering in a clinical context. Chapter six considers the “three seals” that all things share—I will present these three as impermanence, no separate self, and nirvana*—in the context of the general alleviation of human suffering and in clinical work. When the nature of reality as seen under these seals is accepted in a deep way and harmonized with rather than resisted, suffering ends.

Chapter seven turns from the nature of suffering and its causes to consider the antonym of suffering, well-being. Every therapist has at least an implicit, if unarticulated, view of what well-being is. This chapter offers the Buddha’s description of well-being as embodied in the teaching of the “noble eightfold path.” It suggests that the eightfold path can even be used diagnostically to help understand the causes of suffering in our own

*In some schools of Buddhism, dukkha (suffering) is used in place of nirvana. But these are ultimately flip sides of the same coin, since nirvana can ultimately only be found in samsara, in the realm of suffering.

and our patients' lives. Chapter eight offers a basic model for understanding and working with emotions based on Buddhist teaching. Several traditional practices are offered in the light of working with emotions.

To the reader who may be wondering, "Okay. But what do I *do* in my life and work as a mindful therapist?", part three aims at offering specific suggestions. Chapter nine offers specifics about what the work of the mindful therapist might look like in terms of therapeutic technique. Techniques are offered in passing throughout the book, but are intentionally confined largely to this one chapter so the reader does not confuse a mindfulness approach to therapy with technique-driven approaches. This is an essential point. Since the mindful therapist works by producing her true presence and offering deep listening, she allows technique to grow organically out of the work. Technique is never imposed artificially or arbitrarily. By contrast, many books about psychotherapy offer a disclaimer that technique is secondary. Yet even in such cases, the disclaimer is often contradicted by the content—a fate I hope to avoid here. My intention is not to present a definitive or complete set of techniques, but simply to discuss how one therapist (the author) does it. Finally, in chapter ten, I offer reflections on the unification of work and life for the mindful therapist.

PART I



*Revisioning the Role
of the Psychotherapist*

CHAPTER ONE
Envision Psychotherapy as a Spiritual Path

A therapist has to practice being fully present and has to cultivate the energy of compassion in order to be helpful.¹

—THICH NHAT HANH

THErapy IS NOT easy work. If you are a psychotherapist, a counselor, or anyone who routinely seeks to relieve suffering in others through any of the arts involving deep listening and true presence, you are a special person. You are part of a long line of healers and shamans, of gurus and bodhisattvas stretching back to the beginning of human history and even earlier still.

Yet no time in the brief history of psychotherapy has been more challenging than this one. We continue to live in a world of increasing alienation, disconnection, and fragmentation. Our patients are not immune to this, and neither are we. Those of us who try to help in such circumstances as these will at times feel underappreciated and overwhelmed. Every year our paperwork increases, while our fees remain the same or are even reduced. Sometimes we have to fight to just get a few more sessions for a severely depressed patient. We may become the target of the

negative transference of our patients who see us as the depriving mother or the severe father, and the economic conditions and bureaucratic struggles surrounding our work make it increasingly difficult to tolerate. In decades past, people had high expectations for therapy, perhaps too high. But today we more often encounter unwarranted skepticism. Perhaps in part this skepticism has resulted because, while a wider range of people may now experience a service they've been told is psychotherapy, they have in reality received no such thing. Instead of a deep, healing human encounter, they may in at least some instances have received only a few sessions of well-intentioned advice-giving or a brief interview for the purposes of pharmacological treatment, particularly in areas where managed care dominates. And if *that* is therapy, and the world does not value it very much, can we blame them for being skeptical about it? Beyond this, in the United States there is a deeply entrenched feeling that we should rely on ourselves and that therapy is a kind of dependency, rather than the process of self-discovery it actually is. What is more, we live in a culture that is largely outside without inside, biased toward the extroverted and doing-oriented side of life. In such a context, psychotherapy and other techniques involving increased awareness are all too easily lampooned as frivolous navel-gazing.

There are no readily identifiable villains in our complex and often inadequate system of health care. We are all caught together in it, doing the best we can. It may have seemed like a good idea, some years ago, to “medicalize” psychotherapy in order to qualify for insurance reimbursement, but when the pressure of spiraling medical costs became too great, we who jumped aboard the medical bandwagon last were of course the first to pay the price, the first to have our services reduced and controlled. Unwisely so, I believe. But not surprisingly.

I want to suggest, to all my colleagues in the art of deep listening, that in order to withstand the difficulties of our work and the

ups and downs of its valuation in the marketplace, we require a powerful inoculation. And in my experience the best inoculation is the capacity to envision our work as a that of a healer, a part of a long and honorable lineage—to view it as a path of service, a calling as well as a business—and to sincerely offer up this work to the good of all beings.

SCIENCE IS NOT ENOUGH

I am a psychologist. My training is scientific. I am versed in experimental design and statistical analysis. In my education I received the great mantras: “What does the research say?” and “Where are your data?” And I value that training. Whatever we can learn from science about our work is grounding and helpful.

At the same time, it is not enough.

You knew this, if you were honest, the first time you had the experience of sitting down as a therapist with a person you were supposed to help. If you were open to acknowledging it, you knew right away that you needed more than what your training had provided you.

Zen scholar D.T. Suzuki expressed the trouble with science, and scientific objectivity, this way:

Scientists . . . like to be objective and avoid being subjective, whatever this may mean. For they firmly adhere to the view that a statement is true only when it is objectively evaluated or validated and not merely subjectively or personally experienced. They forget the fact that a person invariably *lives* a personal life and not a conceptually or scientifically defined one. However exactly or objectively . . . the definition might have been given, it is not the definition the person lives, but the life itself, and it is this life which is the subject of human study.²

When I emerged from graduate training, my ideas about the nature of therapy were not too different from what they are now. But if you and I could watch a video of me doing therapy at that time, I shudder to imagine what we would see. We would probably have had a hard time knowing that my view of therapy was anything much like what I describe in this book. In keeping with the great mantras I had learned, I fear you would have seen someone ready to pounce on anything a patient said and trot out some prized bit of information: “Actually, research shows that . . .” Contrary to what I would have said about my work even at that time, in practice I seem to have viewed my role as providing people with the information I had accumulated in graduate school. I was like the learned scholar in the familiar story, puffed up with knowledge, who called upon the Zen master to discuss Buddhism. Sitting at tea with the professor, the master kept pouring into the scholar’s cup, filling it to overflowing. The scholar said, “It is already full! No more can go in!” “You are like this,” the master explained. “How can I show you Zen unless you first empty your cup?” This may be a somewhat unkind caricature of myself as a therapist at that time, but I’m afraid I resembled it rather too much for comfort, and even today, with some regularity, leave a session with the feeling that once again I talked too much.

Looking back at myself at that time, I can see that I was attempting to *lead* with my knowledge base, rather than allowing it to inform me in the background. As Zen master Thich Nhat Hanh writes, “On the path of practice, knowledge is an obstacle that must be overcome. We must be ready to abandon our knowledge at any moment in order to get to a higher level of understanding.”³

In this perspective, we may consider the metaphor of water and ice. A living encounter is water, continually flowing, always ready to take new shape; knowledge is ice, hardened, fixed. Being mindful means allowing the ice of our knowledge to melt into the living water of a personal encounter with another human being.

It is only in such an encounter that true healing, true therapy takes place.

I believed then, and believe now, that the task of the therapist is to practice deep listening, to produce one's true presence, to be deeply available and thereby create the living water of a true encounter. This is what I call *mindful therapy*. Mindful therapists know it is the relationship that brings the healing. It is the capacity to use our own personhood in the authentic meeting with another person that is most important. "The great healing factor in psychotherapy," writes Carl Jung, "is the doctor's personality." In our context, we might talk about presence or mindfulness rather than personality, but we can readily understand Jung's meaning.

Our training may be scientific, but our true lineage is not only scientific. We are the descendants not only of scientists, but also of shamans, gurus, healers, and bodhisattvas—spiritual teachers, philosophers, and wise people of all kinds from all times and places. We might attempt to deny being the offspring of disliked parents, but we cannot deny the truth that remains in our bodies, in our genes. In this same sense, we are the descendants of these healers. Like them, we inevitably bring a worldview to our work, a philosophy, stated or not, about what the good life is and how to live it, and about how we get sick when we stray too far from that life. It is an essential and unavoidable part of our calling to be practical philosophers and spiritual teachers.

And yet, while it is necessary that we claim our role as spiritual teachers and healers, we also need a way to fulfill that role, a way that feels possible, practical, and human-sized. We need a way to do this, in today's pluralistic world, that does not include a lot of specific religious dogma that may conflict with the beliefs of our patients. To be a healer, to be a practical philosopher and spiritual teacher without ourselves succumbing to the risks of ego inflation, we need a grounded, realistic, and humanistic framework for such work.

If we are to acknowledge this as our true task, then we need a way to produce our true presence, to deepen our spiritual understanding, and to enhance our capacity to listen calmly. We require a vision for our psychotherapy practice that is at the same time lofty and practical, head in the clouds, perhaps, but feet firmly on the ground.

One approach highly suited to meet this need is the Buddhist practice of mindfulness. Mindfulness, the practice of deep awareness, of calm presence, involves a minimum of metaphysical or dogmatic belief, making it a spiritual path accessible to the agnostic as much as to the practicing Jew, Protestant, or Catholic. It is an approach to living that we can share with patients of diverse backgrounds and belief systems. Immensely practical, it is also simply a wonderful way to live. We will explore mindfulness and a mindful life more deeply in later chapters.

If you are a practicing psychotherapist, you may imagine you know enough about the science, theories, and the techniques of therapy—but at any rate, these things are not the focus of this book. In my opinion and my experience, if we are to avoid the fate of our science becoming an obstacle and of our techniques becoming gimmicks, we need to learn how to bear the mantle of the shaman, the guru, the healer, the bodhisattva. Let's take a closer look at what this means.

THE SHAMAN AND THE PSYCHOTHERAPIST

The word *shaman* originates with the Tungu tribe in Siberia, where it refers to people who heal through their capacity to deal with the spiritual realm. I use the word here to refer to aboriginal healers in general. We find shamans in the tribes of New Guinea and Australia, and we find them in Native American tribes and the cultures in the Arctic circle. Human beings seem to have recognized very early on that there are people especially suited to this role.

Whether we explain this regularity by a model of cultural diffusion, or are inclined to believe that such a role is archetypal, rooted deeply in the Jungian collective unconscious, such a role is fundamentally and uniquely human. Archetypally, the career of such individuals begins with an initiatory experience, often an illness of some sort. If they survive this ordeal, the shaman emerges as a *wounded* healer, one with a capacity to interact with the realm of spirits and help others.

If not always so dramatically, this applies to many of us who practice psychotherapy as well. Many of us are attracted to the archetype of the wounded healer, and choosing to be a therapist is an expression of that attraction. The choice to become a therapist reflects an inclination to become a wise person, not only to help other people, but also to bring light and healing to our own wounds. Without such a motivation, it is difficult to understand why someone would take on this difficult work.

When I look around at a meeting of therapists, I see no psychological supermen and superwomen. If you have that kind of expectation, you will be quite disappointed in your colleagues. In many I see wounded healers—people who have come through some difficulty of their own, and have learned something along the way about how to help others. This knowledge is clearly not just what we learned in our training. Our human suffering—both specific and universal—is the very door through which we have become healers, and not our training and education alone.

THE GURU AND THE PSYCHOTHERAPIST

The Sanskrit word *guru* means “heavy.” To be a guru is to be a person of weight and substance, a teacher. The exact role of the guru varies from tradition to tradition, but in its most exalted form, devotion to the guru is paramount. From a Western point of view, it often looks like such devotion is a very questionable

matter at best, and indeed it has been subject to abuse. The guru relationship is particularly subject to abuse when Eastern gurus come to the West, unaccustomed to the sort of projections—sexual and otherwise—that Westerners place on them. While we in the West may view such devotion with distaste, what we may miss is the way the guru, in taking on a student, takes on an extraordinary commitment to that individual—a commitment for nothing less than that person’s total salvation in this and perhaps even future lives.

In re-visioning the therapist as a kind of guru in our own contemporary cultural context, we must know that there are limits to our understanding, to the “devotion” we deserve and can expect, and to the commitment we can honestly give to the other person. Yet contrary to many media images, I find most therapists to be devoted to their patients. I know of more than one therapist who has retired, but nonetheless continues to consult with patients by telephone, feeling a continuing responsibility to them, sometimes despite serious personal health and other issues.

Some may have ethical questions about such practices. It might be better to make a good referral once we retire than to try to provide ongoing care. But such examples demonstrate the deep responsibility we often feel toward our patients. For therapy is and must be, first and foremost, a decent human relationship. And if it is a decent human relationship, it is difficult to completely confine it to fifty minutes per week. Even if we have no other contact, with the possible exception of a rare phone call, we think of our patients between sessions—and indeed I believe we *should* think about them. If it is a deep relationship, they penetrate our psyches as we do theirs. They dream about us, and we may sometimes dream about them. This surely reflects a deep commitment.

And thus, while of course we should not expect unquestioning devotion from our patients, *we are nonetheless worthy of*

respect for what we offer. We are people of weight, of substance. The fee for our service is only one expression of this. In fact, if our patients do not have some minimal level of respect for us, we will not be able to help them at all. If a patient is simply too skeptical, too mistrustful of us and our intentions, or if they see us as only interested in the money—if they believe that it is not possible for us to care about them and earn our living from them at the same time, if they think we are too young or too old or in some other way too different to understand them, our capacity to help will be limited.

In some traditions, the guru is viewed with almost deifying reverence. Psychologically, this means that to be healers, we must be people who can temporarily bear for the patient what Jung called the archetype of the Self, the Jungian equivalent of the Totality or the Divine. We function like gurus in the limited sense that, in a successful therapeutic process, patients project this archetype onto us. This is a heavy burden to bear, and would in fact be unbearable were it not that we only hold it in trust for the patient until such time as the patient becomes capable of holding it for himself.

In this way, by bearing the archetype of the Self, the therapist functions as a transitional object, like a child's security blanket that stands in for the presence of the mother until the child incorporates her presence into his own psyche. An apt analogy from popular culture is that the therapist or the therapy process is a little like Dumbo's magic feather. Holding the magic feather, Dumbo believes that he can fly. Dumbo clings tightly to the feather until he learns that the capacity for flight resides in himself and not in the feather.

Fortunately we do not have to have to be god to our patients. We do not require any god-like, all-knowing, superhuman wisdom or power. In fact, patients coming to know our limitation and humanness is part of how they claim the power they attribute to

us as their own. We are not gurus in the sense of being in any way superhuman, yet at the same time, we have power to heal and help. Gurus who do not know their power are dangerous.

To be healers we must be convincing and worthy of trust. We must have enough connection with the archetype of the Divine—with wholeness and full humanity—that we can receive and hold the projection of the archetype of the Self, of wholeness. In other words, patients project wholeness onto us, and then claim it back as their own. For this to work, we must be at least somewhat suitable targets for the projection. We must be people who attend to our own growth, who find our own spiritual practice. That's part of the job description of a mindful therapist.

Given the burden of the therapist to bear the archetype of the Self, the image of wholeness, it is no wonder that so many of us—especially in starting out as therapists—are comforted by formulaic approaches that seem to provide all the answers, and tell us just what to do, session by session. Otherwise, it would be difficult to know just how to begin this awesome process, to carry the weight of the therapist's role. But however useful such strategies may be for research or for learning, ultimately no formula can suffice. Only the involvement of our whole selves will do. As gurus, we need to be weighty persons, authoritative while not authoritarian, people who are authentically interested in human spirituality and well-being, and who do our human best to live in accord with these aspirations ourselves.

Psychotherapists of any school who have made their mark, from the psychoanalytic to the behavioral, from the humanistic to the transpersonal, often have one thing in common: they are *convincing*. There may be many reasons why this is so, including the clarity and originality of their thought and the lucidity of their writing. But I would like to suggest that another reason is that they all have a special presence and confidence. From Freud and Jung to Ellis and Maslow, all of them exude this quality, even if in

profoundly personal and differing ways. As we learn to deepen our mindfulness, we too come to share this quality of presence. In some fashion and to some extent we become weighty persons capable of bearing the archetype of wholeness and healing.

THE HEALER

Many of the people who go to visit a physician today do not have a problem amenable to medical treatment. But they go anyway. Even if they have a cold, and know that the doctor will simply say to rest and drink fluids, they go. Why is this?

One reason may be that they are seeking something beyond the modern, scientific medical arsenal. They are seeking the presence of a person who bears the mantle of healing.

Ancient healers knew what many today have forgotten: *Every disease is at least in part a spiritual problem.* This is not to say that healing should be confined only to spiritual techniques, or that being spiritual means perfect health. On the contrary, even great spiritual masters get sick, and modern medicine is an obvious blessing. But denying the spiritual component is short-sighted.

Ancient healers had to be learned in many fields. They studied human anatomy and physiology and the effects of nutrition, as we might expect. But they also were often experts on the effects of music, on the stars and planets, and much else besides. Spirituality has to do with life in its wholeness, in its unfragmented entirety. And therefore, to say every disease is spiritual means that no disease can really be understood apart from its context. Healing is therefore not only a matter of treating the symptomology, but of also aligning ourselves with the universe, of restoring harmony and balance. Any healing which stops short of that will not have reached the root of the problem. Otherwise our efforts are like treating a patient for lung cancer who continues to smoke.

Noted author and physician Larry Dossey makes this point regarding heart disease as an example:

Heart disease cannot be understood by confining our scrutiny to single persons or to body parts . . . Transpersonal events such as misperceptions of meanings, job dissatisfaction, lack of communication between individuals, and lack of love and trust are capable of setting this disease in motion. Not only are these factors causative of illness, they can ameliorate it too, as is demonstrated by the reduction in angina in men with heart disease who have loving wives . . . ⁴

The Gospels portray Jesus as a wandering healer and exorcist. In those days of course, the one belonged naturally to the other. In Judeo-Christian thinking, where there is disease there is *sin*—superficially considered as breaking the rules, profoundly considered as alienation from the Divine Ground. Where there is disease, there are negative spiritual forces (demons) at work, and these must be driven out.

This point of view, pushed to extreme, creates the problem of blaming the victim. If disease is caused by sin, in the superficial sense of rule breaking, as such tortured logic would have it, they are sick through their own fault. We then have grounds to blame and ostracize the sick for being ill in the first place. Nor is this, unfortunately, simply a benighted ancient attitude. It is one that occurs frequently in our own time as well, sometimes behind but the thinnest of veils. This error, which Christ specifically repudiated, (Matthew 5:45), pointing out that God makes the sun to shine and the rain to fall on the just and unjust alike, is not confined to spiritually-oriented people. Many interactions of healing professionals with their patients are contaminated with the same attitude. Our diagnostic categories, while designed to be descriptive, first of all, and prescriptive second of all, are used in a

way that often contains a barely hidden moral judgment. This is particularly evident in the case of personality disorders, where to diagnose someone as having a narcissistic or borderline personality disorder is roughly the same as saying someone is a bad person, and that, since their problems are their own fault, they do not deserve kindness or compassion. This can be a seductively comforting point of view. Further, if we can believe that others suffer through their own fault, we can imagine that we might avoid such misfortune, since we, of course, would not do the things that would cause such ills.

Consider, for example, the attitude of therapists toward addicted individuals. Most therapists believe that people generally respond to empathic understanding. But in counseling and psychology, we used to teach, and some still believe, that empathy will not work with the addicted person, that you have to smash through their denial. It is very interesting, and very questionable, that we should reserve the harshest approach for those with diagnoses carrying the greatest stigma, especially addiction and sexual misconduct. Traditional alcohol counselors would not agree to even see a patient until he had already stopped drinking—thus requiring a positive outcome before even engaging in the treatment! Just imagine if your physician were willing to treat your strep throat only if it was already better, or if we as therapists said to a new patient who is depressed, “Okay, you can come in. But no acting sad around here, for crying out loud!”

As modern medicine has learned more about disease, we have come to see it as an isolated thing. Some doctors see only a diseased liver, not a person with a certain job, a happy or an unhappy marriage, who has found a way to feel in harmony with the world or who feels isolated and alienated, and so on. As therapists, as healers, we are the ones whose task it is to see the whole person in their life context.

If you are a true psychotherapist, you are a healer. You are someone who sees the whole person. You help the patient on the

level of mind, of emotion, and of spirit, as well as of body. Your role in doing this is *crucial*. You may be the only person some ever meet who embody the lineage of human healing in this way.

THE BODHISATTVA

A bodhisattva is a person who has put off fulfillment of her own ultimate peace in order to help others. The bodhisattva vow in the Zen tradition is an awesome undertaking:

*Innumerable are sentient beings; I vow to save them all.
Inexhaustible are deluded passions; I vow to transform them all.
Immeasurable are the Dharma teachings; I vow to master them all.
Infinite is the Buddha's way; I vow to fulfill it completely.*

To the Western mind, this may sound overwhelming and burdensome—to say nothing of impossible! But to see these vows like that misses the point. It may be less overwhelming if we take the point of these vows to be generating *aspiration*, to cultivate a certain attitude and intention.

There is evidence that people who view their work as a calling obtain more satisfaction from it than those who work primarily for money or for advancement.⁵ The practice of vow is similar. When you do your work with a sense of satisfaction in being helpful to others, in making a difference, paradoxically, you will be the first one to benefit.

If, in facing your work day, even with cases in which you doubt your progress, your intention can provide some encouragement. With this intention, you remember that you can make a difference and at least to some extent reduce suffering in the lives of your patients, and in all the lives touched by their lives; for you have bodhisattva energy at your disposal. Even Monday morning becomes easier to tolerate.

WE'RE IN THIS TOGETHER

At one point in graduate school, I worked extensively with the cognitive-behavioral approach. I found that the techniques I was learning as interventions were also helpful in my own life. I was practicing the things I was teaching. So by the time I had recommended an exercise to identify and rebut irrational thoughts, for example, I already had intimate experience of it. I knew something about my own irrational thought patterns, had some sense of what it was like to do such exercises, how they were helpful, and what their limitations were.

In a meeting with my supervisor one day I asked whether he had worked with these ideas himself. Surprised by my question, he admitted he hadn't. That supervisor may have been caught to some extent in his categories. He was the DOCTOR and the people he worked with were PATIENTS (even if he called them clients). As he saw it, he didn't need to undertake these exercises any more than, say, a healthy oncologist needs to undergo chemotherapy. His was a treatment for the sick, and he was not one of the sick.

This is crucial: True healers do not stand outside of the struggle of those they help. Healers know themselves as wounded, know their own suffering as a part of the human condition. Buddhism is very frank and explicit on this point. Until and unless we traverse the enlightenment path, suffering is the human lot and is not something incidental or added on. A healer may be relatively free of anxiety, for example, but she may still experience it. We are all in this human dilemma, facing the same human difficulties.

I hope that you will use the exercises and practice suggestions in this book with this in mind. I hope you will use them with your patients, but I also hope you will find ways to use them yourself.

Life difficulties may trigger more severe reactions in vulnerable patients than in ourselves, but we too must know ourselves as

quite capable of reacting at times in less than helpful or even destructive ways. There may be a difference of degree between the reaction patterns of our patients and our own, but there is more we have in common with our patients than there is that holds us apart.

What we can learn from ancient models of healing—shamans and gurus, healers and bodhisattvas—is that a good relationship to our patients is one of trust, responsibility, and healing in the broadest sense. We limit the scope of our responsibility primarily to the therapy appointment, as we must. This in part acknowledges that we are not literal gurus, an important distinction for us not to lose track of. But if our responsibility must have limits and boundaries, *within* these it can still have great depth. We cannot always be available, but when we are, it is our capacity for true presence that does the healing.

HOLD CONCEPTS LOOSELY

According to modern medicine, a disease is a discrete entity. It has a beginning, requires a prescribed course of treatment, and predictably comes to an end. Yet this may not always describe the truth. Dr. Dossey writes:

. . . [O]ur picture of human illness and health will be considerably enriched and more accurate if we can relax our insistence on strict beginnings of illnesses, for they do not exist. They can be defended only out of a kind of clinical or therapeutic convenience. In effect, we detract from our role as participants in the universe when we install the “strep” bacterium as the sole progenitor of disease in this case. This is a bad habit not only in this illness, but in all illnesses. It denies the richness of the world . . . and it installs simplicities where a greater complexity always reigns.⁶

In psychotherapy illness is even less clear. Often the “disease” we are treating is part of the human condition itself, a condition in which we sometimes lose what we love most, fail to attain what we want, and are faced ultimately with the prospect of our own death. Our task is to be helpful. And if we are prepared to do depth psychotherapy but a patient turns out to only need a little practical advice and encouragement, so be it. This fits nicely with Buddhist teaching, which encourages us to go beyond our cherished concepts and deal with what is real and practical. In Buddhist practice one strives for the extinction of notions and concepts that we interpose between our awareness and reality. Zen Buddhism especially teaches that we must hold our concepts lightly—even our Buddhist ones.

In light of this attitude, we must recognize that our diagnoses, for example, are not ultimately real things, and we do not reify them. For example, if you think depression is a real entity, try to take it out and show it to someone! When we talk about a diagnosis, it is important to remember we are talking about a convenient description rather than reality itself. A diagnosis is simply a collection of signs that more or less cohere, and which give us an idea about what kind of treatment may be helpful—especially with regard to medications. While great strides have been made in making our diagnoses more consistent and valid, they remain, inevitably, imprecise. Or if you regard diagnoses as something real, you will miss the obvious absurdity of our diagnostic criteria, by which a person with seven symptoms qualifies for a diagnosis, while a person with only six does not and, by implication, is therefore just fine.

Placing therapy within the tradition of healing, however, does not require discarding diagnostic terms. Discarding diagnosis may be a worse error than giving diagnosis ultimate credence. So long as we hold our diagnostic concepts loosely, they can be a help rather than a hindrance.

In mindful therapy, diagnosis is considered broadly. The most useful sort of diagnosis is to see the person as a whole and his life context as a whole. The label is only the palest reflection of this broad, holistic, contextual process. It is the difference between the letters *p-e-b-b-l-e* and the feel of a small stone in your hand.

Looking at therapy this way, as a deep, healing relationship not always capable of being contained by labels and not always subject to discrete, specific endings, helps us avoid being caught in our concepts. Ours would be a healthier society by far if we all had someone to provide us with an hour of deep listening once a week—whether we qualified for a clinical diagnosis or not.

The specter raised by the prospect of interminable therapy is unhealthy dependence. Yet I find this to be largely chimeric. Contrary to expectation, my experience in practicing mindful therapy has been that an unhealthily dependent relationship is rare, and when it does happen, can develop as easily in a shorter-term therapy relationship as in a long one. Few people in our society schedule a weekly appointment and pay even a modest copay unless they feel that they benefit. The reason I think that dependence occurs so rarely has to do with the nature of mindful psychotherapy—therapy as a practice of deep listening and true presence. Unhealthy dependency is more likely to develop in cases in which the therapist attempts to offer advice for every problem or dilemma the patient encounters in living than when the basic therapeutic stance is one of offering deep listening, understanding, and acceptance.

In mindful therapy, dependence is unlikely because its very nature is to help people connect with their own wisdom, their own Buddha nature. Sometimes a patient who has never been in therapy comes for a first session, and immediately declares his ambivalence about therapy, contending that one should solve one's own problems. I always agree heartily. I tell the patient that I also believe that we have to solve our own problems. And I add that therapy is not about someone else solving our problems for

us, but about creating a space in which we can connect with our own capacity to find what we need. But this concept, too, must be held lightly, and there will always be those people who benefit from a bit of concrete advice.

UNIFYING WORK AND LIFE

In former times, and still in traditional societies today, “work” and “life” were more of a piece. Work was not a separate fragment of life existing apart from the rest. It did not need to be isolated, removed from personal and family life. The farm was a family endeavor: everyone contributed. The work of the farm was not a job outside of the rest of one’s life, but very much part of it. The shopkeeper often lived over his store, so that when he was in the shop, he was never far away from other family members.

Our work, too, can feel quite different when it is integrated with the rest of life, when it flows naturally out of our mindfulness, our sense of what needs doing rather than being something artificial, added on from the outside to meet financial need.

Of course, as therapists, we cannot completely eliminate boundaries between our work and life; we require some protection from patients who might abuse their access to us, perhaps calling us continually at all hours or otherwise failing to respect emotional boundaries. Yet once again, in my experience, those who actually abuse access are few. Most people are respectful of my time, unwilling to intrude too much into my life beyond our appointed meetings. In fact, I am more often in the position of having to *encourage* people to call me when doing so is actually appropriate, such as when feeling a suicidal despair or other major crisis, than of having to set limits with people who take advantage of my willingness to be available.

Unifying our work and personal time means first and foremost having a *unified vision* of our life. If you connect with the shaman,

the guru, and the healer in yourself, you know that your healing work grows organically from the ground of who you are. Knowing that we ourselves are not always wise, we see the importance of being devoted to our own growth as well as to that of our patients. We know we are in the same predicament as our patients, trying our best to deal with the dilemma of human life, practicing with them, meditating by ourselves before work and then teaching what we have found helpful.

Therapy thus is a calling, a way of life. If mindful therapy is not part of our way of life we run the risk of becoming only technicians, not healers.

CAN I LIVE UP TO THIS VISION?

The vision that our work fits into the lineage of shamans, gurus, healers, and bodhisattvas has an edge to it. If we can hold this vision of our work, we may be able to tolerate the skepticism, the negative transference, and the other difficulties of being a therapist more easily. If we see ourselves as healers, we can accept these realities, and need not be crushed by them—because we then have a wider vision in which to hold these experiences. Without such a vision, we are more vulnerable. The mindful therapist knows that her compassion, growing out of a clear vision of her task, is her greatest help and protection. Yet it is challenging to think of ourselves this way—to think of ourselves as healers or shamans or gurus. Who are we to adopt this role? Is this not a little grandiose?

Let us first clarify that in taking on such a vision of our work, we do not mean feigning some in- or superhuman perfection. Nor does such a vision require us to squash our sense of humor, our playfulness, our sensuality, or any other aspect of ourselves that gives our humanity its authenticity. It is enough to be dedicated to our own inner growth and well-being, working on our spiritual

life, progressively shedding ourselves of limitations and blind spots—in full knowledge that we are always beginners, and there is always more to be done. If this is the case, our life and our work will teach us what we need to know.

There is a Jewish tradition of the *zaddik*—the holy person. The *zaddik* differs, it is said, from ordinary people, in that the *zaddik* is *more fully human*. In the Christian tradition, Saint Irenaeus says something similar. He says that the glory of God is a human being fully alive. Buddha too was nothing more than fully human. Buddhist teaching stresses that the Buddha is a human being in order to emphasize that we can accomplish what he accomplished. When asked if he were a god or a saint, he always denied both, saying simply, “I am awake.”

To be fully and completely alive, fully and completely human, is goal enough. There is no other sort of completeness or perfection to attain. The plum tree in my back yard can only express its plum tree-ness. No other kind of perfection is available or needed. A flower is only itself. It does not have to strain and struggle to be a flower, but lets its flowerness unfold of itself.

You may ask, “Who am I to do this work?” and I might respond, “Who are you *not* to do this?” “You are the light of the world,” said Christ. And that light must be allowed to shine. You already express Buddha nature. To become a full and whole human being is your main task in life—not some secondary one to be taken care of after you somehow find a way to earn a living.

AVOIDING A GREAT MISUNDERSTANDING

We mustn't confuse spiritual aspiration with a striving for some kind of insipid, limp *goodness*. The therapist who goes into the consulting room hoping to be liked is sunk from the start. For while some of our patients will appreciate us more than we

deserve, many will not understand that what we do is difficult. And in fact, the better you are at it, the easier it seems from the outside.

In a seldom-discussed passage of the Bible, Christ himself rejects being called good (Mark 10:17). In this account, a man approaches him respectfully with a question, calling him “Good Teacher.” Christ responded, “Why do you call me good? No one is good but God alone.”

A healer must be on the way to full humanity. But “trying to be good” in the sense of achieving a superhuman perfection inevitably activates the opposite. Striving in this sense creates a sense of lack of acceptance, not only toward ourselves, but toward our patients as well. The work we do requires faith in our humanity.

THE NEED FOR PRACTICE

Most of the time we live in forgetfulness. We are distracted. We are not really present to what we are doing or saying, but are already planning what we will do or say next, and perhaps a few things after that. That is why it can be such a relief to do a simple thing like mindful breathing. If you can be fully aware of the sensation of breathing in and out for the space of one breath, then you have brought body and mind together for that length of time. The essence of becoming a fully awake, mindful human being is to know that you are already Buddha. And remember, if this feels overwhelming, it is really very simple—as close and available as your next mindful breath. In the context of mindful therapy it is essential to listen deeply. Yet we cannot become capable of deep listening in the therapy room if we do not practice mindfulness elsewhere.

In order to be deeply present, in order to truly listen, we need a way to calm the mind. This is in fact what mindfulness is about, and part of what meditation is about. Meditation is simply a process by which we calm the mind, or more precisely, allow the mind to calm

itself, without our forcing it. This takes a little time and a little practice. Our minds are extraordinarily busy places, as we learn the first time we try to meditate. If we cannot develop a calm, clear mind while we are sitting in meditation, how can we expect to have one in daily life? How can we expect to suddenly have this when we listen to patients? But if we can establish a base of mindfulness in meditation, we can then begin to learn how to bring the same calm, clear awareness out into our life and into our work.

E X E R C I S E S

Mindful breathing is the basis of many exercises in this book, so let us explore it here. Please take a few moments to try it after you have read this.

To breathe mindfully is in essence simply to be fully aware of your breathing. First sit in an upright, comfortable position. You might like to take a few deep breaths to start, just to get in touch with the sensation of breathing. Then imagine your awareness sinking down into the abdomen. From there, become aware of the gentle rising and falling of your diaphragm with each breath, letting the body breathe just as it wants and needs to, letting your awareness just rest on the breath without struggling or forcing. When your mind wanders (as it will!), just treat this as the most natural thing in the world (as it is!), and gently bring your attention back to the breath. Remind yourself that you are not trying to do or accomplish anything special. You are just allowing your mind to rest on the breath. Please take care of yourself every day by allowing some time to breathe mindfully.

Become the Guru

In talking about re-visioning the role of psychotherapist, I am not talking solely, or even primarily, of an intellectual vision. Intellectual vision is important. It is the beginning of the process, but it is only the beginning.

For this exercise, spend a little while deciding first upon an image of a person who for you personifies numinous wisdom. It might be, for example, the Buddha, Christ, a saint or bodhisattva. It might be an image from an old photograph you have of a Native American healer. It might be an image of someone very loving and wise that comes from your own imagination. (But it should not be someone from your actual life, as we are seeking an image of transcendent wisdom.)

You may know right away who it is you want to choose for this purpose, or it may take a few days to work this out and make the choice that feels right. When you have decided, you are ready to take the next step.

Now spend a few moments sitting quietly. Allow the body and mind to rest by bringing your awareness to your breathing. Experience the body breathing in and breathing out, at its own pace and rhythm. Now imagine the wise person you have chosen standing before you. You may envision this person in some detail, or just form a sense of her presence.

Spend a little while with that person before you. Imagine him smiling to you, transmitting light and love and wisdom. Take your time. Don't rush.

Finally, imagine that person becoming all light and energy, or perhaps something like smoke, rising up before you and entering your body through the top of your head, then dispersing through every part of your body. Experience the warmth and wisdom of this person permeating every cell. Notice how this feels: in your thinking, your emotions, and in your body. Then imagine yourself going through your day feeling this way: driving, talking on the phone,

meeting with patients, being at home. See yourself as going through the day in peace, understanding, and joy—full of concentration and loving-kindness.

Then imagine yourself being challenged in some ways during the day, perhaps losing this peace for a little while, but then finding your way back to it.

Make it a practice to take this person into you again at the start of every work day, and again briefly between sessions.

Know yourself as guru, as shaman, as healer.

CHAPTER TWO
*Cultivate the Spiritual Life:
Freshness, Stability, Stillness, and Freedom*

*Nirvana teaches that we already are what we want to become.
We don't have to run after anything anymore. We only need
to return to ourselves and touch our true nature. When we do,
we have real peace and joy.⁷*
—THICH NHAT HANH

MUCH HAVOC IS WROUGHT in the world through the efforts of self-conscious do-gooders. With the best of intentions, they set out to reform the rest of us. But often, it backfires. In psychotherapy, for example, we know that sometimes we try too hard to help. Perhaps we dispense advice too readily. We jump in with our favorite exercise or homework. And yet somehow, we are surprised to find the patient resisting. We are trying to heal the world. But when we are in the flow of psychotherapy, just relaxed and paying attention, often wonderful things unfold, seemingly without effort. It is this effortless effort from which change and healing flow.

On a broader level, consider the example of social activists. Activists may act with the best of intentions but are often too

angry, too hostile to be effective. Rather than convincing any but the already persuaded, they make enemies of those with a different opinion. Rather than helping others to see differently, those who think differently become even more entrenched in their opinion in the face of such hostility. The net result is the polarized society now so familiar to us all.

Consider the not-so-distant example of the Vietnam War. We ended the conflict in southeast Asia, but at the cost of bringing it home. What both protesters and war supporters did not know back then was how to listen deeply and make the person with a different view a friend rather than an enemy. Perhaps the protests contributed to the end of the war. But perhaps also, if they had protested with mindfulness—with understanding—the war would have ended even sooner. People would not have become so entrenched in their positions. And our country's political landscape might be more civil today. The current situation in Iraq may also have evolved quite differently. There was not a lot of dialogue going on before our invasion of Iraq—just angry people on both sides shouting. People perceived that deeply held values were threatened. Once that happens, listening becomes impossible. If we could have found a way to continue to listen deeply, and to talk without anger or rancor, we might have found another way to accomplish our ends, one without violence and the attendant risks of backlash.

Even when we do good things, if we do it full of anger and hatred, only anger and hatred result. On the other hand, if we are able to take good care of ourselves, and preserve our freshness, solidity, stillness, and freedom, we can keep the relationship open with those whose opinions differ from our own. We will not make enemies of those who disagree with us. By taking good care of ourselves, we give anger and hatred no foothold in us. In this way, we become a true source of healing in the world.

One great paradox of the spiritual life is rooted in the notion of

nonself or interbeing: *If you set out to heal the world, you will lose yourself. If you set out to heal yourself, you heal the world.*

The best way to take care of yourself is to cultivate mindfulness—to cultivate a calm, spacious, accepting, open awareness of what is happening in the impermanent and ever-changing world inside and outside our skin. By taking care of yourself in this way, you are at the same time of the most help to others.

KNOWING WHAT NOT TO DO

When we illuminate each circumstance and situation with our awareness, and let it be, without resisting or struggling against what is, we begin to increase the positive elements and decrease the negative ones. When you feel happy, and are aware that you are happy, your happiness increases. When you feel sad, and allow yourself to have the feeling of sadness without resistance, suffering is reduced, seeking its own natural level in the economy of the psyche.

One of the properties of the mind articulated in Buddhism is that the mind takes on the quality of what it dwells on. Like the chameleon that becomes green on a leaf and brown on the trunk of a tree, we take on the character of what we focus on. When we struggle *against* something difficult or negative or painful, this only gives it more energy, and the negative aspect gains strength. When we acknowledge the difficult element, letting it simply *be*, it comes and goes: but it does not get stuck. It does not gain power.

One always has to add, in a Western context, that the mental state of *letting be* is not passivity. By way of illustration, consider the example of a person standing in a cold rain. The mindful person knows: *this rain is cold*. She does not have to ponder very much about taking appropriate action. She gets out of the rain. (Or, if that is not possible, she equanimously gets wet.) It is the

person distracted by all her busyness that does not experience the cold rain and take care of herself.

The Buddha said that “All things can be mastered by mindfulness.”⁸ And Gestalt therapist Fritz Perls tells us:

And I believe that this is the great thing to understand: *that awareness per se—by and of itself—can be curative*. Because with full awareness you become aware of the organismic self-regulation, you can let the organism take over without interfering, without interrupting; we can rely on the wisdom of the organism. (Italics original).⁹

In other words, nothing else is needed. Awareness is sufficient because doing naturally arises out of awareness when you trust your organismic responding. And what Perls calls the “wisdom of the organism” is synonymous with what others call our Buddha nature or the divine within.

The famous Thai meditation master Ajahn Chah recalls a student who, when a strong wind blew off the roof of his hut in the rainy season, did not bother to repair it, saying that he was practicing “not clinging.” The master commented: “This is not clinging without wisdom. It is about the same as the equanimity of the water buffalo.”¹⁰

The idea is not that you do not do what needs doing, but that you do it mindfully. Also, if you are mindful, you learn that many things indeed do not need doing, that every itch does not need to be scratched. And knowing what not to do is at least as much a part of wisdom as doing what needs doing, and often more so.

Unless we are open and aware, in touch with what really is, we continue to act out old conditioning, old scripts. We do not respond to the person before us, but to the punishing mother or absent father of our childhood. Only if we are calm and open and sensitive can we do what needs doing, do it in the way it needs doing, and also know what not to do. The practice of therapy does not entail

simply blurting out advice that a patient may find judgmental or insultingly obvious. But because we are listening deeply, in touch with the patient and the moment, we more clearly know what is needed and what is not needed. If we act out of our own need to feel helpful, we will be less able to resist saying unhelpful things.

TOUCHING YOUR BUDDHA NATURE

The word “Buddhism” is essentially a western invention. Usually Buddhists will refer to it simply as the *dharma* (in Sanskrit) or *dhamma* (in Pali).¹¹ Buddhism is not best understood as a religion among other religions, such that if you are a Buddhist you must adamantly oppose all other religious or philosophical points of view. Rather, it is a teaching that leads to the end of suffering, to peace. And these teachings are compatible with a wide variety of religious and non-religious views. I have always been intrigued by the multiple meanings of the word *dharma*. In this context, as the word used in place of what we would call Buddhism, it means the “teaching”—the practice that leads to liberation from suffering. The other meaning of *dharma* is “phenomenon” or more simply, “thing.” These multiple meanings of *dharma* imply that the teaching and phenomena can be seen as ultimately the same thing. A mountain teaches dharma. A stream teaches dharma. A bird teaches dharma. And yes, heavy traffic teaches dharma. Weeds teach the dharma. Suffering—perhaps especially suffering—teaches dharma.

Working with Natural Images

Zen master Thich Nhat Hanh uses this idea to offer one way to be in touch with our Buddha nature by touching our kinship with flowers, mountains, water, and space. The following exercise is a wonderful way to meditate, to heal and restore your calmness, your well-being,

or to prepare to listen deeply to a patient. It is also a wonderful meditation to teach your patients.

Thich Nhat Hanh offers this meditation practice:

Breathing in, I know I am breathing in.
 Breathing out, I know I am breathing out. (in, out)
 Breathing in, I see myself as a flower.
 Breathing out, I feel fresh. (flower, fresh)
 Breathing in, I see myself as a mountain.
 Breathing out, I feel solid. (mountain, solid)
 Breathing in, I see myself as still water.
 Breathing out, I reflect things as they are. (still water, reflecting)
 Breathing in, I see myself as space.
 Breathing out, I feel free. (space, free)¹²

Statements like the ones in this exercise are known as *gathas*. To work with these statements, take each pair in turn. As you draw a breath, tell yourself silently, “Breathing in, I know I am breathing in” and then as you breath out, “Breathing out, I know I am breathing out,” using the words to guide your attention. Since it is a little unwieldy to say the whole sentence each time, after the first breath you can just say the words in parentheses, in on the inbreath, out on the outbreath. You can repeat this process as many times as you like, and then move on to the other statements—flower/fresh and so on.

If your concentration wanders, first of all you should know that there is nothing wrong with that. In meditation, you are allowing the mind to calm down in its own time and way, not imposing calm upon it. The word *concentration* is a bit misleading insofar as it connotes strain or struggle. The process of calming or concentrating is more like a broad, flat, light stone slowly settling to the bottom of a deep cool lake. You don’t have to try to push the stone to the bottom: it will settle there on its own.

When you do wander, though, you might enjoy coming back to the full statement, not just the pair of words. You may also find it helpful to say the full statement out loud a time or two when you are alone and will not disturb others (or embarrass yourself!).

In the subsections that follow I will explore each of the pairs in this gatha.

THE IN- AND OUT-BREATH

Most Buddhist meditation begins with the breath. Breathing is the most fundamental act of life. We can live without food or water for days, but only for a few minutes without breathing. As we breathe in and out, we know that we nourish every cell in the body. As we breathe in and out with the first part of this gatha, we touch how nourishing it is for our body and mind to draw and release breath.

The breath lies uniquely on the boundary between the voluntary and autonomic nervous systems. It does not require conscious cooperation to breathe, and yet when we bring mindfulness to our breath we experience more of the full benefit of breathing: its full calming, healing, nurturing potential.

When we are anxious or sad, when we entertain a disturbing thought, or even when we struggle to solve a problem in arithmetic, we may catch the breath, and breathe in a shallow and uneven way. When we breathe in this way, we are not taking such good care of body and mind. Our cells may be just slightly deprived of oxygen, and may build up toxins. Further, there is a feedback loop between breath and emotion. Feeling anxious, we breathe shallowly. Breathing shallowly, we begin to feel more anxious. Fortunately, the opposite is true also: As we begin to breathe more calmly and deeply, we start to feel calmer. We can be present with negative emotions without being overwhelmed by them, without denying them or avoiding them. Yet since we increase our calmness and our capacity for mindfulness, we also do not get stuck in these emotions.

The breath gives us a foundation from which we can take care of our emotional life.

Another aspect of breathing is that, since it lies on the boundary between voluntary and involuntary, it is a way of bringing body and mind harmoniously together. We can avoid being like the James Joyce character who lived just a few feet from his body. Our minds may be preoccupied with dreams of greatness or fears of humiliation and defeat, with the past or the future, and thus our energy, our vital force is scattered.

When you can use the breath to be calm and present, you become someone that others—including your patients—can trust to be present with them even through difficult emotions and life problems. You become more capable of holding the patient in your kind, compassionate, equanimous attention.

Working with the breath is a basic practice, but that does not mean it is not also an advanced practice. In the Anapanasatti Sutra, the Buddha shows that the breath is a vehicle one can ride all the way to enlightenment. It is not just for beginners.

It is a wonderful practice sometimes to do nothing more than meditate on the breath, on *in* and *out*, for a whole period of meditation, or to work just with this for a period of days or weeks.

Even when moving on to the other word pairs in this gatha—*flower/fresh*, *mountain/solid* and so forth—you still maintain contact with the breath.

FLOWER/FRESH

Since the mind takes on the qualities of whatever it attends to, what better thing to meditate on than a flower? If you have a beautiful flower available, you can help make this part of the meditation vivid by gazing at it as you practice *flower/fresh*.

The stressors of daily life wilt the flower in us. If we allow it, they can destroy our well-being. But by practicing *flower/fresh*,

we give our flower cooling, vitalizing water, and quickly restore its beauty.

When you have a beautiful flower, you want to take good care of it. When you are in touch with your own floweriness, you want to take good care of yourself as well. Since you are a precious and beautiful flower, why willingly expose yourself to toxins that wilt you? You naturally want to practice mindful consumption, eating and drinking in a more healthy way, not exposing yourself to too many images of violence, to too many empty television shows, to advertising that waters feelings of deprivation and greed. You want to avoid people and situations that are too strong in their negativity for you to change, that will only wilt you.

This has a very real consequence for the mindful therapist: If patients' difficulties are too much for you, if their interactions with you are too difficult for you despite your best effort to deal with them mindfully, you must recognize and acknowledge this, and then make an appropriate referral. *No one* is served by your going down with your patient.

A flower is something very precious. Its beauty is fleeting and impermanent, as we ourselves are, as our patients and loved ones are. Since we know the flower is transient, we value it even more.

MOUNTAIN/SOLID

Every morning when I jog around the neighborhood, I see my old friends the Sandia mountains, and I remember to practice *mountain/solid*. On a cold winter morning I may shiver. On a summer afternoon I may be hot. Strong winds may make it difficult to breathe or move forward. Rain may dampen both my body and my spirit. But the Sandias do not care. They do not shiver in the cold, or wilt in the heat. The winds do not move them in the slightest. The rain rolls off them playfully, while the mountains just smile.

When you see a Zen master like Thich Nhat Hanh walk, you may be struck by the quality of stillness and solidity he embodies. He looks like a mountain moving in a smooth and stately way. We can practice moving in this way, bring mindfulness to every step we make. This is the practice of embodying the solidity of the mountain.

When we practice *mountain/solid*, we get in touch with our own solidity, our own strength. We sit in a solid way when we do this practice, to get the feel of it in our bodies. We may also focus our attention on the area just below the navel, the hara. The hara is the physical center of gravity in our body, which is a very solid part of ourselves. By focusing on the mountain, we take on its strength, its solidity. Our emotions may rage and blow on one level, but this solid aspect of ourselves remains undisturbed.

When I say we are undisturbed, I do not mean that we do not feel emotions. We *feel* them but are not *disturbed* by them, and do not have to struggle against them. They simply are allowed to come and go in their own time and rhythm.

Buddhas feel emotion. It is not the goal to become unfeeling, like a hunk of metal. For while buddhas feel emotion, they also know that they are more than these emotions. They are in touch with their emotions, but are at the same time in touch with their inner strength and solidity. Emotional storms may rage, but buddhas can bear them as a mountain bears a rainstorm, solidly and with complete freedom.

Patients come to us because they do not feel very solid. There are storms blowing constantly around them and inside them, and since they are not in touch with their solidity, this is painful for them to bear. The first gift we offer them is our own solidity. Practicing *mountain/solid*, we empathically feel their feelings along with them, but we are not lost in these feelings and we are not blown away. We do not get caught in the repetitive and hurtful dramas of our patients, even when they do their best to hypnotize us into playing

the roles complementary to their own. We offer them our solidity, our strong, true presence, relating to them from the solid place in ourselves.

And when appropriate, if the time comes, we can teach them the practice of *mountain/solid*.

STILL WATER/REFLECTING

Imagine a high mountain lake on a windless, clear day, its surface smooth as glass. It reflects everything vividly: the sun, the moon, a human face. Whether it is something beautiful or ugly, soothing or troubling, the lake reflects it clearly, without judgment or prejudice. As Zen master Seng-tsan expressed it, "The perfect Tao is without difficulty, save that it avoids picking and choosing."¹³

Since the human body is itself mostly water, it is not at all far-fetched to envision yourself this way, fully at rest, reflecting what is real, what is true, without prejudice or ban, without choosing. Unless we are still, we cannot perceive clearly. When we are agitated, the garden hose on the ground may look like a snake. Our actions and responses to the world will be off too, in accord with our misperception. When you become still and clear like a calm lake, you see reality clearly, and respond appropriately. When you are calm and clear, you can also be in touch with what is positive and healing. You see the blue sky, the eyes of the child, the trees and grass. You see everything. And you realize, no matter how many difficulties there are in the world, there are always beautiful things to appreciate. Perceptions of the positive elements of our experience provide the strength needed to bear what is difficult.

You may be full of uncertainty about yourself. You may be full of judgment about your patient. You may be full of reactions, deciding whether you agree or disagree with your patient, or you may be thinking about what kind of advice to give or treatments

to offer. But if we are not first still and open, receiving the person that is before us as the quiet water receives the full moon, without resistance or dissent, our vision will be murky, and our decisions dubious.

When we are still and clear, we can also have patience, and know when to act and when to wait. To listen as still water is to really hear.

SPACE/FREE

When I practice *space/free*, I like to picture myself as the wide-open blue sky. Thoughts and feelings move across the sky like clouds. Some are dark and threatening, some bright and reassuring. But in any event, I know they are clouds and I know I am the sky.

When I know I am the sky and not the clouds, I am free amid the clouds. Clouds come and go, some are beautiful and some are threatening. That is the nature of mind and that is the nature of life. We are not free so long as we insist on only *certain types* of thoughts, feelings, and experiences—the ones we like or approve of. We are free only when we learn to be present to life, whatever is happening, even when we would prefer things were otherwise. When we practice sky-like awareness, everything becomes luminous, because we have stopped picking and choosing. We are open and free.

Practicing *space/free* is a challenge. So often, before we even get out of bed in the morning, we are already running internally. Before one foot touches the ground, we are already planning our steps, anticipating the many things we will need to do that day, and deciding on the order in which we need to do them—everything from making coffee, showering, and getting dressed to important meetings and work tasks. As therapists, you may even know at times which patients are coming in that day, anticipating all this with your own mix of dread or relief, anticipation or anxiety. When we

practice *space/free*, we disidentify with these thoughts. We are aware of them, but we know that thoughts and feelings are fleeting and impermanent. We can let them come and go, neither fearing them nor chasing after them. After all, to avoid or pursue a cloud is foolishness when you are the sky itself!

Practicing *space/free* awareness, you know that you are not these thoughts and feelings. Practicing *space/free* you are not clinging to or fearing your thoughts and feelings. They simply move through your awareness, arising and departing in accord with their own nature. As you allow them to come and go, you can look into them, release them, and come back to the present moment, knowing that the moment of *reaching* toward your coffee cup is already a wonderful moment, no less so than the moment of tasting the coffee.

To put the exercises in this gatha into practice, it helps a great deal to begin at the start of the day. In principle, we can become mindful at any time. But as a practical matter, if you do not find a way to generate some mindfulness at the beginning of the day it becomes even harder to find the time as the day continues and you get caught up in your inevitably busy life.

One such practice is to find a way to remind yourself to breathe and smile even before you sit up in bed and place a foot on the ground. Remind yourself that this day is a gift, that it is wonderful to be alive, even if the day before you is busy and includes people and tasks you would rather not have to deal with.

Try to find a way to touch the wonderfulness of life even before you get out of bed. Some of the clouds passing through may involve planning and worrying about the day ahead, but at least you can create, alongside such thoughts, the awareness that at its base this is all wonderful.

But be patient with yourself! Our mindfulness is not very strong at first. It is like the sun trying to shine through a thick layer of cold winter clouds. But if we can find a way to create the energy

of mindfulness first thing in the morning, and do our best to return to this energy throughout the day, pausing periodically to breathe and smile, the light of our awareness becomes much stronger.

After you have showered and dressed and had your breakfast, you might like to create some time in the morning to read a little bit and meditate. Rising early enough to allow this is immensely worthwhile. Spend a little time with a book that inspires your mindfulness and sense of the spiritual. It need not be a long time. If you choose the right kind of book, a few minutes may suffice. Then spend a little time in sitting meditation, breathing and smiling, practicing *flower/fresh*, and so on. This may be just a few minutes at first, keeping it within a time frame that you can enjoy, and gradually lengthening to allow the mind to settle more fully in meditation.

Traditionally, Buddhists generate energy for their spiritual practice through vows, which create aspiration. Many of us in the West don't like vows very much. They create a tug of war in ourselves between following the vow and rebelling. A better way for us may be to practice visualization. At the end of your meditation period, when you are a little more relaxed than you were to begin with, picture yourself going through the day in a mindful way—driving mindfully, in an unhurried way, talking on the phone pleasantly, being calm when patients are difficult or come late or don't show at all, enjoying the more pleasant patients, pausing often to breathe and smile, and so on. I find this to be a very powerful practice, and I recommend it highly. Please try.

Jorge returned to therapy one day distraught. He had been sober for five years, but suddenly began drinking heavily again, feeling powerless to stop. I stayed with him in his despair. I did not rush in with advice, but listened, reflected—still water. After wallowing in these feelings for about forty minutes, suddenly there was a shift. Jorge recalled how wonderful it was to be sober for five years.

It was not until Jorge spontaneously made this shift that I offered a suggestion to help. Building on what was already happening spontaneously, I asked him to close his eyes, breathe a few mindful breaths, and conjure up specific, clear images of what his sober life was like, noting how this felt in his body and his mind, then suggesting also that he could choose to remember these feelings the next time he felt an urge to drink, and that maybe he would be able to make another choice. Jorge left my office smiling, and was able to interrupt his downward spiral.

If I had not been in a place where I could practice still water that day, the result might have been quite different. If I had rushed to offer advice because Jorge's despair created an anxiety in me that I wanted to bring to a halt by offering him something, this would not have worked so well. If I had offered this visualization before he was through processing his despair and hopelessness, I might have encountered resistance and arguing. As it was, I simply aligned myself with the emerging force of healing that was already in evidence.

DISTORTED PERCEPTION

A fundamental tenet of Buddhism is that our perception is by its nature distorted. Where there is perception, it is said, there is deception. We see through the distorting lens of a separate self, one we often imagine to be somehow permanent and unchanging. But this separate self is illusory. We will explore this further in chapter six.

What's more, we instantly layer judgment upon perception. We don't allow anything to just be in itself, but continually judge whether we like it, dislike it, or find it neutral. And then we react to our judgment. If we like it, we want to move toward it or even possess the pleasant object of perception. If we dislike it, we want

to move away from it or destroy it. And if it is neutral, we may scarcely notice it at all. We judge it irrelevant and ignore it.

We view every opinion we encounter from the standpoint of whether we agree or disagree with it or simply do not care about it at all. If we agree, we have a pleasant feeling, and if we disagree, an unpleasant one. And if we feel neutral, that too can become the unpleasant sensation of boredom if we need to continue to attend.

I have taught a workshop on Mindful Living at the University of New Mexico for many years now. In that workshop we do some exercises to increase sensory awareness. One of these involves listening. The room I teach in has a rattle in the ventilator that every class notices during the listening exercise and comments on in some way. When this sound is in the background, it remains a minor irritant. When people begin to attend to it, at first it may become even more irritating than when it was simply in the background, but then, at least for some, as people begin to listen in an open, interested way, it becomes neutral. It is neither pleasant nor unpleasant. Some people have even been able to hear the sound as pleasant, realizing that it is a wonderful thing to have two good ears, that hearing is in itself wonderful once we step outside of our labels.

To use a familiar example, the sound of our phone ringing may be pleasant, unpleasant, or neutral. If you experience phone calls as an interruption, it may take on an unpleasant association. The ringing may seem very irritating. On the other hand, if you have been expecting your new love to call you, the sound of the phone ringing may be very pleasant. But whether you experience it as unpleasant, pleasant, or neutral because of such factors as these, you are not really hearing the ringing. You are hearing something like an annoying interruption, the voice of your beloved, or just a signal that it is time to answer the phone.

When you hear the phone ringing with mindfulness, you may be aware of all those kinds of meanings, but at the same time, you

hear the sound in itself. And that is always pleasant. Experience is pleasant in the sense that it is life or part of being alive, part of having this wonderful, human sensory apparatus. Mindfulness means learning to hear in such a way that we know hearing is in itself a miracle. It is learning to see in such a way that we know seeing is a miracle. It is learning to see that being alive is a miracle.

When we hear our patients speaking, we can get so caught up—in whether what they are saying is affecting us in a pleasant way, whether we agree with it, whether we think it healthy or unhealthy, and what sort of diagnosis may underlie their remarks—that we do not really hear the patient. We do not really perceive the other person. At this level, it is not so much about hearing the person's voice as pure sound, though that may indeed be part of it, but of hearing the person behind the words. To understand someone deeply is a pleasant experience, even if the content is not so pleasant, is filled with sadness, suffering, or anger.

When we listen to our patient as still water, when we practice mindful therapy, we hear what is said and what is left unsaid. We sense things that may not be immediately available to verbal expression or cognition. We are available.

MINDFULNESS DURING THE WORK DAY

On a retreat with Thich Nhat Hanh in Santa Barbara, someone asked him how long one should meditate. The wise Zen master responded that one should meditate all day. Of course he did not mean that you should only sit on your meditation cushion and not do anything else, but rather that we should bring the meditative attitude into the rest of our lives, practicing calm, clear awareness, acceptance, peacefulness.

To be able to do this, it is helpful to look at your daily schedule. Consider ways in which you can try to do less rather than more, not trying to squeeze so many things in. When you have the

energy of rushing in you, you do not have the energy of mindfulness. They are mutually exclusive. Allow yourself a little extra time for the drive to work. Consider limiting the number of patients you see in a day, or consider alternative scheduling ideas in so far as these are possible.

Psychiatrist and author Irvin Yalom recommends spacing appointments more than an hour apart. For example, if your first appointment is at 9:00 A.M., begin your second at 10:05, your third at 11:10, and so on. This gives you the time to complete a note, return a phone call, and practice a little mindful breathing between patients. Or you might consider limiting the number of new patients you see in one day, since these may take more time and may require more energy. When you come home, see if you can practice a little mindful breathing, letting go of the pressures of the day. Find ways to spend the evening that are quiet and restorative. Spend some time in the fresh air, enjoying the beauty of nature, even if it is just a lone tree in a small city park. Pay attention to nutrition, rest, and exercise needs. All of this is part of your calling.

I leave it to your own intelligence to find ways to take good care of yourself and live more happily and mindfully. But please do so. Please remember that nothing is more important than your own peace and equanimity. For if you are not peaceful, you will create more suffering than you heal. Make this your vow, your aspiration, your visualization. Everything depends on this.

Indeed, everything depends on everything else in our interconnected and interpenetrating universe, so if you are not happy, how can I be happy? How can your patients be happy? Your family? Your friends? If you take care of your own happiness, that is the first and greatest gift you can give to the world.

Morning Meditation

I find the following practice, which builds on those from chapter one, very helpful and healing to do in the morning to set the tone and the intention for the day. It combines mindful breathing with positive imagery.

When we visualize something, we utilize the faculty of the imagination. This aspect of our inner life has fallen upon harsh times. In our modern, scientific age, “imagination” often connotes something unreal. And yet all great advancements, technological and otherwise, depend upon this faculty for their existence. Imagination can be an important tool in becoming more whole and complete human beings.

Begin by sitting comfortably in meditation posture. It does not matter so much whether you sit on a meditation cushion cross-legged or in the lotus position, or comfortably in a chair. The main thing is that you are upright—in a relaxed, balanced, comfortable way.

Take a few moments—to look around you and notice your surroundings, cultivating a sense of gratitude for having this wonderful space to meditate and the time to do so. Gently let your eyes close, aware of any sounds around you, in touch with your surroundings. Smile a Buddha-like half-smile. Smiling this way “tells” the brain that everything is okay, and the brain in turn tells the body it is okay to relax. Now say to yourself: I see myself moving through this day with peace, joy, and ease, performing each action in mindfulness. I see myself driving mindfully, speaking on the phone mindfully, eating mindfully, doing my work mindfully, sitting down mindfully with my patients, producing my true, radiant, healing presence with them. If ever I feel my mindful awareness beginning to slip, I see myself being aware of this (which is already mindfulness), and I return to my breathing and smiling. I see that whenever something comes along that is difficult for me, that triggers sorrow, anger, envy, or sadness, I can always return to my mindfulness, remembering my true nature in

the midst of this human experience, experiencing these things clearly without avoiding or repressing. Continue to enjoy this for a while.

(Those familiar with the use of imagery in psychological practice may recognize that this exercise combines mastery imagery with coping imagery.)

Finally, simply return to your breathing in and out, enjoying each breath, smiling your Buddha smile.